feelings of mistrust, uncertainty and a limited sense of safety toward services.

Attachment theory takes into account the individual, their experiences, their social world and the significant people in their lives. The principles required for the developing child to develop a secure attachment from a stable base are similar to those required for people experiencing mental illness to facilitate recovery and develop resilience to help manage and reduce episodes of relapse.

Systems that work well, frequently exhibit values underlying models of care that include continuity, consistency, respect, safety, autonomy, human rights, freedom, supportive, trusting relationships and collaboration. The opposite of that seen in what presents as autocratic and risk-averse approaches of many mental health services.

The principles required to enable a child to develop into a psychologically well-adjusted adult are similar to those required when a person is at their most vulnerable. Episodes of mental illness can be a time for reflection and growth, with the right care and therapeutic intervention, illness can also be a time to learn and develop skills for greater resilience in future.

Conclusion. This paper outlines the implications and cultural changes that are required so that the principles of attachment theory can serve as a theoretical framework across mental health services to provide a stable base for people using the services and staff providing the care.

Moving From Peripheral Project to Integrated Governance: Developing System Sustainability in Excellence Reporting

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doi: 10.1192/bjo.2022.338

Aims. There has been increasing recognition that healthy cultures within NHS organisations are key to delivering high-quality, safe care (King's Fund). A focus towards developing systems which recognise and learn from excellence has been shown to improve services' safety and contribute to staff's morale (Kelly *et al.* 2016). In 2019 Secure Services at Devon Partnership NHS Trust (DPT) developed an Excellence reporting system. Once successfully piloted, the intention was to extend to other departments before expanding to the entire Trust. Our aims initially were SMART: for 13 reports per week in Secure services and 8 in Perinatal (a smaller team). As we expanded the aim became qualitative: for a system to be embedded so staff could as readily and instinctively report Excellence as they could an error.

Methods. We developed our Theory of Change using Deming's theory of profound knowledge, ran a series of PDSAs, and introduced an Excellence system. We engaged early adopters, sent hand-written cards and shared data widely.

Learning included understanding setting up the system, and the importance of a team rather than an individual holding the system. We took this forward to bring the system to Perinatal. We continued to run PDSAs, then ran monthly trust-wide meetings providing space to learn from other directorates.

Results. Staff were initially excited, reports submitted, feedback good, then a plateau and slump.

Something was stopping the system perpetuating. When staff received timely thanks, and others heard about it, staff would go on to promote excellence. However, this was not possible without sufficient admin resources.

In early 2021 we changed tact and approached the top: we presented data to Directors who recognised the value and agreed to support. We then set about publicising the system, and demonstrating at trust-wide meetings.

By July 2021 we saw 10 reports per week in the Specialist Directorate.

By early 2022 reports were being inputted from staff across all directorates and our monthly meetings began to focus on sharing the learning.

Conclusion. We recognised the system's potential impact on safety and staff morale but struggled to sustain the system and support dwindled when staff were stretched.

After approaching leaders, then allocated resources, it allowed for more success. However, it is not *yet* fully embedded in our Trust's culture.

A lot of our work happened during COVID-19 and despite challenges there has been a new-found flexibility to innovate, greater ease to negotiate, and instigate change.

Understanding the Psychological Impact of Lockdown: Combining Quantitative and Qualitative Analysis of Emergency Presentations

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doi: 10.1192/bjo.2022.339

Aims. The pandemic of the COVID-19 variant caused a near-global lockdown, and the psychological impact of the direct effects of the virus, along with the resulting lockdown periods cannot be overestimated. Referrals made to the Liaison Psychiatry service at Derriford hospital during the 2020 lockdown were audited to better understand effects on patients' mental health and resulting emergency presentations to services. These data were then used to identify areas for improvement, in order to tailor services to better support the population during recovery from the current lockdown, and for planning for future similar events.

Methods. Referrals to the Derriford Liaison Psychiatry service between the 1st and 12th of May 202 were audited, totalling 106 referrals and a subsequent 87 assessments. Quantitative data on patient demographics, presentation, and outcomes was extracted from assessments along with qualitative data on patients' subjective experiences from the initial lockdown period for thematic analysis. Routine data were used for comparator time periods from 2019, and during the second 2021 lockdown.

Results. Despite a lower number of presentations to ED during the first lockdown, the data demonstrate a higher acuity in presentations with more referrals for admission under section. The lockdown is shown to have particularly affected those with pre-existing psychiatric and physical comorbidity, along with specific patient groups. Thematic analysis confirms this, showing the diverse factors contributing to emergency presentations and demonstrating the increased stress of life in the home under lockdown. Comparisons between the qualitative and quantitative data confirm that patient experiences directly match both the routinely collected data and prior research. The project also revealed a reliance on private and third sector organisations for signposting on from assessments, and highlighted frequent changes to services during lockdown as a source of confusion for both patients and staff.

https://doi.org/10.1192/bjo.2022.338 Published online by Cambridge University Press